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Reason(s) for filing	(Check p	roper	box,

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ny mington, New Mexico 87401 Other (Please explain) Change in Transporter of: New Well Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Legse No. Kind of Lease NM-4447 State, Federal or Fee Blanco Mesaverde Tapacitos #1 Location Feet From The East Feet From The North Line and ___ 990 Unit Letter Rio Arriba County 26 North Range 2 West , NMPM, 16 Township Line of Section Address (Give address to which approved copy of this form is to be sent) 108, Farmington, New Mexico 87401
s (Give address to which approved copy of this form is to be sent) Plateau, Inc.
Name of Authorized Transporter of Casinghead Gas or Dry Gas X 501 Airport Drive, Farmington, New Mexico 87401 Northwest Pipeline Corporation Is gas actually connected? Twp. P.ge. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Res'v. Diff. Res'v. Workover Deepen Oil Well Gas Well New Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours) equal to or exceed top allow-V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE FEB 1 8 1974 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. APPROVED. By Original Signed by Imery C. Arnold STREET ISON DIST. #3 TITLE _ This form is to be filed in compliance with RULE 1104. lac Care If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature) All sections of this form must be filled out completely for allowable on new and recompleted wells. District Superintendent

(Title) Fill out only Sections I, II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. 1975 February 14, Separate Forms C-104 must be filed for each pool in multiply impleted wells. (Date)